

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214510837					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SAS Institute Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1286287</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100,000	
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COMMON	100,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: SAS CAMPUS DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CARY, NC 27513</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES H GOODNIGHT TITLE: P/CEO ADDRESS: SAS CAMPUS DR CITY/ST/ZIP/CO: CARY, NC 27513 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES H GOODNIGHT TITLE: P/CEO ADDRESS: SAS CAMPUS DR CITY/ST/ZIP/CO: CARY, NC 27513	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	W. DAVID DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CAO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	JAMES C. DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	AGNE MIKAEL HAGSTRÖM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	DONALD R. PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP & CFO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	KAREN L. DAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	JAMES H. GOODNIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	JOHN P. SALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAREN L. DAY	KAREN L. DAY, ASST SECRETARY	2/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			